UNITED STATES PROBATION OFFICE
DISTRICT OF UTAH

RISE DRUG COURT PROGRAM REFERRAL FORM

Name: PACTS#: USPO:	Date: Referral source, phone, email:
TCU Score (Appendix I):	Risk Level (RPI or PCRA from USPO):
Address: If homeless, how long?:	Names/Contact Phone #s of family/friends with whom residing:
Telephone:	DOB:
Marital status:	Children/Dependents:
Sex: Male _____ Female_____	Childcare/Child support responsibilities:
Employment status: (employed/unemployed/disability/retired) Employer:	Monthly income:

COURT INVOLVEMENT INFORMATION

Federal Court Status: Probation: _____ Supervised Release: _____

Other: _____ Please explain: _____

Case #: Original Offense: Judge:	Dates of Probation and/or TSR: _____ _____ _____	Termination Date: ___/___/___

Original sentence: ___ Months BOP Custody ____ Months Probation ____ Months Term of Supervised Release

Violation sentence/dates:

Other court involvement and contact(s): Yes ___ No ___ If yes, explain:

History of violent offenses?: Yes ___ No ___ If yes, explain:

Prior substance-abuse-related violations:

SUBSTANCE-ABUSE TREATMENT INFORMATION

Current and history of substance abuse and dependence:

Drugs of choice:	First:	Second:	Third:
Last Use:		I.V. drug use HX:	

Current/recent (within last 6-12 months) substance-abuse treatment:

Provider contact:	Telephone #: _____

Prior detoxification services:

Prior outpatient treatment:

Program Name	Date	Duration	Type of Discharge

Prior inpatient/residential treatment:

Program Name	Date	Duration	Type of Discharge

Longest period of recovery:

When: How:

MENTAL HEALTH/MEDICAL/INSURANCE INFORMATION	
Mental health issues?: Yes _____ No _____ History of mental health issues and medications:	Diagnosis:
Provider contact:	Telephone:
Current mental health status:	
HX suicidal/homicidal ideation/attempts?: Yes _____ No _____ If yes, explain:	
Medical issues?: Yes ___ No ___ If yes, explain:	
Describe physical limitations:	
Current medications (type and dosage):	
Prescribing physician:_____ Telephone #:	Primary care physician: _____ Telephone #:
Health Insurance?: Yes _____ No _____	Insurance Provider: _____ ID Number: _____
Veteran?: Yes _____ No _____	ID Number: _____
OTHER	
Cultural & family issues:	

Required - Description of client's motivation for interest in RISE and willingness to comply with requirements of intensive supervision and treatment (may attach on separate sheet):
Probation Officer's recommendation:
Scan completed Referral Packet and email to the RISE Program Coordinator at Greg_Petersen@ utp.uscourts.gov or fax to (801) 526-1116. Questions? Call Greg at 801-535-2778

Selection Committee Decision

Approved: _____ Denied: _____ Date: _____

Scheduled or Tentative Entry Date: _____

Probation Officer: _____ RISE Probation Officer: _____

RISE AUSA: _____ RISE AFD: _____